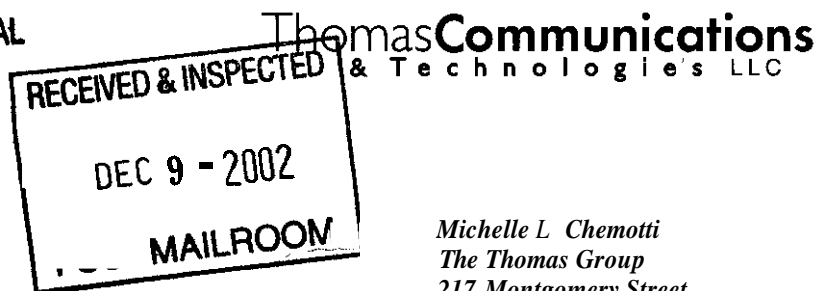


DOCKET FILE COPY ORIGINAL



December 6, 2002

Federal Communications Commission  
Office of the Secretary  
9300 East Hampton Drive  
Capital Heights, MD 20743

*Michelle L. Chemotti*  
*The Thomas Group*  
*217 Montgomery Street*  
*6<sup>th</sup> Floor*  
*Syracuse, New York 13202*  
*Phone (315) 426-8445*  
*Fax (315) 426-8348*  
*mlc@thethomasgroup.com*  
*www.TheThomasGrp.com*

Re: Letter of Appeal  
471 Application # 328819  
Billed Entity # 123302  
FRN #886228, 886229, 886230, 886231, 886232  
CC Docket No. 96-45  
CC Docket No. 97-21

To Whom It May Concern:

During the application process for E-rate Program Year V (Funding Year 2002) Thomas Communications & Technologies, LLC (TC&T) applied on behalf of Waterford Township School District for funding for their telecommunications services. The FRN's, listed above, for these services were not funded because the application allegedly was missing Block 4.

On April 9, 2002, TC&T appealed this decision by sending a letter of appeal and a complete copy of the Form 471 to the SLD. On October 20, 2002, we were notified the appeal was denied because:

"...it was determined that you did not include a completed Block 4 worksheet with your original submission. [...] it did not meet MPS and was correctly rejected by SLD."

However, after careful review of our files, a copy of the entire Form 471 is evident. Our contention is because we have a full copy of the Form 471, which includes Block 4, it is extremely difficult to submit an original without the Block 4 since it is an inner page of the form.

Sincerely,

**Thomas Communications & Technologies, LLC**

Michelle L. Chemotti  
Manager of E-rate Services

No. of Copies rec'd 0  
List A 5 C D E

the  
**Thomas**  
group  
A TETRA TECH COMPANY

MLC/amz  
Enclosure

www.tc-t.com



**Universal Service Administrative Company**  
Schools & Libraries Division

**Administrator's Decision on Appeal - Funding Year 2002-2003**

October 17, 2002

Shari Dwyer  
The Thomas Group  
Re: Waterford Township School District  
217 Montgomery Street, 6<sup>th</sup> Floor  
Syracuse, NY 13202

RECEIVED  
OCT 20 2002  
THE THOMAS GROUP  
Syracuse  
File #

Rc:      Billed Entity Number:            123302  
         471 Application Number:           328819  
         Funding Request Number(s):      886228,886229,886230,886231,886232  
         Your Correspondence Dated:      April 9, 2002

After thorough review and investigation of all relevant facts, the Schools and Libraries Division ("SLD") of the Universal Service Administrative Company ("USAC") has made its decision in regard to your appeal of SLD's Year Five Funding Commitment Decision for the Application Number indicated above. This letter explains the basis of SLD's decision. The date of this letter begins the 60-day time period for appealing this decision to the Federal Communications Commission ("FCC"). If your letter of appeal included more than one Application Number, please note that for each application for which an appeal is submitted, a separate letter is sent.

Funding Request Number:            886228,886229,886230,886231,886232  
Decision on Appeal:                    **Denied in full**  
Explanation:

- In your letter of appeal you have stated that your application was rejected because the "FCC Form 471 did not include all pages, Blocks 1-6". You have included a copy of the complete Form 471 that includes Block 4, which was missing in the original submission. You have asked the SLD to review the corrected version of this application.
- Upon thorough review of the appeal it was determined that you did not include a completed Block 4 worksheet with your original submission. Minimum processing standards require that applicants include at least 1 completed Block 4 worksheet with their Form 471 or the application will be rejected. As you did not include a completed Block 4 with this application it did not meet MPS and was correctly rejected by SLD. You have included a completed Block 4 with your letter of appeal but program rules do not allow for the acceptance of this

documentation after the close of the FY5 window (January 17,2002.) The application was correctly rejected by SLD, and program compliance cannot accept the documentation included with your letter of appeal. Consequently, the appeal is denied.

- The original submission of this funding request was missing data in Block 4, which caused the form *to* be rejected for failing to meet the minimum processing standards for that form. Forms that do not meet the minimum processing standards are not considered for funding. Your appeal has not shown that the request was improperly denied. Consequently, this funding request will not be data entered and your appeal is denied.

If you believe there is a basis for further examination of your application, you may file an appeal with the Federal Communications Commission (FCC) via United States Postal Service: FCC, Office of the Secretary, 445-12<sup>th</sup> Street SW, Washington, DC 20554. If you are submitting your appeal to the FCC by other than United States Postal Service, check the SLD web site for more information. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. **The FCC must RECEIVE your appeal WITHIN 60 DAYS OF THE ABOVE DATE ON THIS LETTER for your appeal to be filed in a timely fashion.** Further information and new options for filing an appeal directly with the FCC can be found in the “Appeals Procedure” posted in the Reference Area of the SLD web site, [www.sl.universalservice.org](http://www.sl.universalservice.org).

We thank you for your continued support, patience, and cooperation during the appeal process.

Schools and Libraries Division  
Universal Service Administrative Company

# ThomasCommunications & Technologies

April 9, 2002

Letter of Appeal  
Schools and Libraries Division  
Box 125 – Correspondence Unit  
80 South Jefferson Road  
Whippany, NJ 07981

*Shari Dwyer  
The Thomas Group  
217 Montgomery Street  
Sixth Floor  
Syracuse, New York 13202  
Phone (315) 426 - 8445  
Fax (315) 426 - 8348  
sld@thomasamerica.com  
www.TheThomasGrp.com*

Re: 471 Application Number 328819

To Whom It May Concern:

During the application process for E-rate Program Year V, Thomas Communications & Technologies, LLC (TCT) applied on behalf of Waterford Township School District for funding for their telecommunication services.

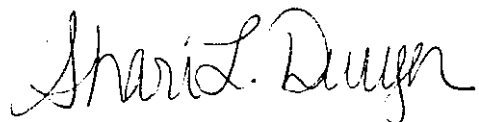
The contact information is as follows: Shari L. Dwyer, 217 Montgomery Street, 6<sup>th</sup> Floor, Syracuse, **NY** 13202. The phone number is (315) 426-8445 and the fax number is (315) 426-8348.

On February 26, 2002, we were sent a Fund Year 5 Form 471-Rejection Letter. The applicant is Waterford Township School District the application number is 328819 and the entity number is 123302. This letter is to serve as **an** "appeal."

This application was rejected due to: FFC Form 471 submitted did not include all pages, Blocks 1-6. Enclosed you will find the full application with the missing Block 4, which now makes this application complete. Please review the corrected version of Waterford Township School District's application.

Sincerely,

**Thomas Communications & Technologies, LLC**



Shari Dwyer  
Director of Telecommunications Consulting Services

Enclosure

SLD/mlc

**Block 2: Minor Modification to Existing Contract?**

☐ Check ONLY if this Form 471 represents a minor modification, such as a modification of services, to a contract included in a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below.

attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471 Application #:  Funding Request Number:

Minor modification requests can be filed MANUALLY only. Please see [www.sl.universalservice.org](http://www.sl.universalservice.org) for filing instructions.

**Block 1: Billed Entity Information**

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1 Name of Billed Entity (30 characters max.) **Waterford Township School District**

2 Funding Year: **July 1, 2002 through June 30, 2003** 3 Entity Number (up to 10 digits) **123302**

4a Street Address, P.O. Box, or Route Number **1106 Old White Horse Pike**

City **Waterford** State **NJ** Zip Code **08089**

b Telephone Number (10 digits + ext.) **(856) 768-1473**

c Fax Number (10 digits) **(856) 768-8086**

E-mail Address (50 characters max.)

Type of Applicant ☐ Individual School (public or non-public school) ☒ School District (LEA: public or non-public (e.g., diocesan) local district representing multiple schools) ☐ Library (i.e. outlet/branch, system) ☐ Consortium ☐ Check here if any members of this consortium are ineligible non-governmental entities.

6a Contact Person's Name **Shari L. Dwyer**

First, fill in every item of the Contact Person's information below that is different from Item 4, above. Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)

b ☐ Street Address, P.O. Box, or Route Number **217 Montgomery Street, 6th Floor**

c ☐ Telephone Number (10 digits + ext.) **(315) 426 - 8445**

d ☒ Fax Number (10 digits) **(315) 426 - 8348**

e ☐ E-mail Address (50 characters max.)

f Holiday/vacation contact information (optional):

**Schools and Libraries Universal Service**

**Services Ordered and Certification Form 471**

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (See [www.sl.universalservice.org](http://www.sl.universalservice.org) for filing this form online)

Applicant's Form Identifier: **PY5Waterford-22** (To be inserted by Fund Administrator)

Form 471 Application #:

Approval by OMB  3060-0806

Do not write in this area.

FCC Form 471

Entity Number <u>123302</u>	Applicant's Form Identifier <u>PY5Waterford-22</u>
Contact Person <u>Shari L Dwyer</u>	Phone Number <u>315-426-8445</u>

Number of students to be served

**893**

b Number of library patrons to be served

IF THIS APPLICATION INCLUDES...	BEFORE ORDER	AFTER ORDER
<i>(Schools/districts/consortia only)</i> Telephone service: How many classrooms had phone service before and after your order?		
High-bandwidth voice/data/video service: How many buildings served before and after your order?	3	3
High-bandwidth voice/data/video service: Highest speed to a building before and after your order?		
Dial-up Internet connections: How many before and after your order?	5	5
Dial-up Internet connections: Highest speed before and after your order?	56K	56K
Direct connections to the Internet: How many before and after your order?	3	3
Direct connections to the Internet: Highest speed before and after your order?	500K	500K
Internet access (for schools): How many rooms have Internet access before and after your order?	62	62
Internet access (for libraries): How many buildings have Internet access before and after your order?		
Internet access: How many computers (or other devices) with Internet access before and after your order?	108	108
Other technology outcomes: (please specify):		

Entity Number 123302 Applicant's Form Identifier PY5Waterford-22  
 Contact Person Shari L. Dwyer Phone Number 315-426-8445

## Block 4: Discount Calculation Worksheet A for Individual Schools/School Districts

Worksheet #A- 0122

Page 1 of 1

**Instru** Individual Schools/School Districts use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

**10a** **Instructions:**

- **Applying ONLY for an individual school, or ONLY site-specific services:** Complete columns 1-7 only for each school. Add additional pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site specific service to that school.
- **Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well):** Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- **Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well):** Please complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

(For Administrator's Use)

1 Name of School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col. 5 ÷ Col. 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
ATCO Elementary School	8400	U	235	29	12%	40%	94
Thomas Richards School	8402	U	242	42	17%	40%	96
Waterford Elementary School	8783	U	432	67	16%	40%	172.8
District Totals for calculating Weighted Average Discount			909				363.6

**10c** Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)



40%

## Block 5: Discount Funding Request(s)

Block 5, page 1 of 5

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Form # (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in instructions) <b>MTM</b>					
12 Form 470 Application Number (15 digits) <b>587470000380085</b>					16 Billing Account Number (e.g., billed telephone number) <b>856-767-4423</b>					
13 SPIN - Service Provider Identification Number (9 digits) <b>143001362</b>					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <b>12/12/2001</b>					
					18 Contract Award Date (mm/dd/yyyy) <b>N/A</b>					
					19a Service Start Date (mm/dd/yyyy) <b>07/01/2002</b>					
					19b Service End Date (mm/dd/yyyy) (use only "T" or "MTM" services) <b>6/30/2003</b>					
14 Service Provider Name <b>Verizon - NJ</b>					20 Contract Expiration Date (mm/dd/yyyy) <b>N/A</b>					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <b>Ver 1a-2a</b>										
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-I): <b>A-0122</b>										
23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly prediscount amount (A minus B)	# of months service provided in program year	Annual prediscount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$ <b>79.77</b>	\$ <b>0.00</b>	\$ <b>79.77</b>	<b>12</b>	\$ <b>957.24</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>957.24</b>	<b>40%</b>	\$ <b>382.90</b>



## Block 5: Discount Funding Request(s)

Block 5, page 2 of 5

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN #** \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>MTM</b>
		<b>16 Billing Account Number</b> (e.g., billed telephone number) <b>21461</b>
<b>12 Form 470 Application Number</b> (15 digits) <b>587470000380085</b>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <b>12/12/2001</b>	
<b>13 SPIN - Service Provider</b> Identification Number (9 digits) <b>143016763</b>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>N/A</b>	
	<b>19a Service Start Date</b> (mm/dd/yyyy) <b>07/01/2002</b>	
	<b>19b Service End Date</b> (mm/dd/yyyy) (use only "T" or "MTM" services) <b>6/30/2003</b>	
<b>14 Service Provider Name</b> <b>Nextlink (XO Communications)</b>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy) <b>N/A</b>	
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <b>Xo1b-4b</b>		
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-I): <b>A-0122</b>		

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$ 2,232.28	\$0.00	\$2,232.28	12	\$ 26,787.36	\$0.00	\$0.00	\$0.00	\$ 26,787.36	40%	\$ 10,714.94

## Block 5: Discount Funding Request(s)

Block 5, page 3 of 5

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**RN #** \_\_\_\_\_ (to be assigned by administrator)

<b>11</b> Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15</b> Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>MTM</b></span>
	<b>16</b> Billing Account Number (e.g., billed telephone number) <span style="float: right;"><b>2642</b></span>
<b>12</b> Form 470 Application Number (15 digits) <b>587470000380085</b>	<b>17</b> Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/12/2001</b></span>
<b>13</b> SPIN - Service Provider Identification Number (9 digits) <b>143005732</b>	<b>18</b> Contract Award Date (mm/dd/yyyy) <span style="float: right;"><b>N/A</b></span> <b>19a</b> Service Start Date (mm/dd/yyyy) <span style="float: right;"><b>07/01/2002</b></span> <b>19b</b> Service End Date (mm/dd/yyyy) (use only "T" or "MTM" services) <span style="float: right;"><b>6/30/2003</b></span>
<b>14</b> Service Provider Name Comcast Garden State Cable	<b>20</b> Contract Expiration Date (mm/dd/yyyy) <span style="float: right;"><b>N/A</b></span>
<b>21</b> Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <b>Com 1c-3c</b>
<b>22</b> Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-I): <b>A-0122</b>

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly prediscount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year prediscount \$ amount (E + H)	%discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$ 550.00	\$0.00	\$550.00	12	\$ 6,600.00	\$0.00	\$0.00	\$0.00	\$ 6,600.00	40%	\$ 2,640.00

Entity Number 123302				Applicant's Form Identifier PY5Waterford-22			
Contact Person Sharl L Dwyer				Phone Number 315-426-8445			

## Block 5: Discount Funding Request(s)

**Instructions:** Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**N #** \_\_\_\_\_ **(to be assigned by administrator)**

Block 5, page 4 of 5

<b>11</b> Category of Service (only <u>ONE</u> category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15</b> Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>MTM</b></span>																																												
	<b>16</b> Billing Account Number (e.g., billed telephone number) <span style="float: right;"><b>270-887461</b></span>																																												
<b>12</b> Form <b>470</b> Application Number (15 digits) <span style="float: right;"><b>587470000380085</b></span>	<b>17</b> Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/12/2001</b></span>																																												
<b>13</b> SPIN - <b>Service</b> Provider Identification Number (9 digits) <b>143003033</b>	<b>18</b> Contract Award Date (mm/dd/yyyy) <span style="float: right;"><b>NIA</b></span> <b>19a</b> Service Start Date (mm/dd/yyyy) <span style="float: right;"><b>0710112002</b></span> <b>19b</b> Service End Date (mm/dd/yyyy) (use only "T" or "MTM" services) <span style="float: right;"><b>6/30/2003</b></span>																																												
<b>14</b> Service Provider Name <b>Metrocall, Inc.</b>	<b>20</b> Contract Expiration Date (mm/dd/yyyy) <span style="float: right;"><b>NIA</b></span>																																												
<b>21</b> Description of This Service: <span style="float: right;">You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.</span> Attachment # <b>Metro Id - Id</b>																																													
<b>22</b> Entity/Entities Receiving This Service: <span style="float: right;">a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service :          b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-I): <b>A-0122</b></span>																																													
<b>23</b> Calculations <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">One-Time Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> <tr> <th>Monthly \$ charges (total amount per month for service)</th> <th>How much of the \$ amount in (A) is ineligible?</th> <th>Eligible monthly pre-discount amount (A minus B)</th> <th># of months service provided in program year</th> <th>Annual pre-discount \$ amount for eligible recurring charges (D x C)</th> <th>Annual non-recurring (one-time) \$ charges</th> <th>How much of the \$ amount in (F) is ineligible?</th> <th>Annual eligible pre-discount \$ amount for one-time charges (F minus G)</th> <th>Total program year pre-discount \$ amount (E + H)</th> <th>%discount (from Block 4 Worksheet)</th> <th>Funding Commitment \$ Request (J x I)</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ 26.26</td> <td style="text-align: right;"><del>\$0.00</del></td> <td style="text-align: right;"><del>\$26.26</del></td> <td style="text-align: center;">12</td> <td style="text-align: right;">\$ 315.12</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$ 315.12</td> <td style="text-align: center;">40%</td> <td style="text-align: right;">\$ 126.05</td> </tr> </tbody> </table>		Recurring Charges					One-Time Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	%discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)	\$ 26.26	<del>\$0.00</del>	<del>\$26.26</del>	12	\$ 315.12	\$0.00	\$0.00	\$0.00	\$ 315.12	40%	\$ 126.05
Recurring Charges					One-Time Charges			Total Charges																																					
A	B	C	D	E	F	G	H	I	J	K																																			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	%discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)																																			
\$ 26.26	<del>\$0.00</del>	<del>\$26.26</del>	12	\$ 315.12	\$0.00	\$0.00	\$0.00	\$ 315.12	40%	\$ 126.05																																			

## Block 5: Discount Funding Request(s)

Block 5, page 5 of 5

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>MTM</b></span>									
	<b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>0013190300-7</b></span>									
<b>12 Form 470 Application Number</b> (15 digits) <span style="float: right;"><b>587470000380085</b></span>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/12/2001</b></span>									
<b>13 SPIN - Service Provider</b> <b>Identification Number</b> (9 digits) <span style="float: right;"><b>143000890</b></span>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <span style="float: right;"><b>N/A</b></span>									
	<b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2002</b></span>									
	<b>19b Service End Date</b> (mm/dd/yyyy) (use only "T" or "MTM" services) <span style="float: right;"><b>6/30/2003</b></span>									
<b>14 Service Provider Name:</b> <b>Nextel</b>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy) <span style="float: right;"><b>N/A</b></span>									
<b>21 Description of This Service:</b>	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # Nextel-e									
<b>22 Entity/Entities Receiving This Service:</b>	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service  b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <b>A-0122</b>									
<b>23 Calculations</b>										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly prediscount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year prediscount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$ 69.98	\$0.00	\$69.98	12	\$ 839.76	\$0.00	\$0.00	\$0.00	\$ 839.76	40%	\$ 335.90

## Block 6: Certifications and Signature

- 24 The entities listed in Block 4 of this application are eligible for support because they are:: (Check one or both.)
- a ☐ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
  - b ☐ libraries or library consortia eligible for assistance from a state library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the individual schools, libraries, and library consortia listed in Block 4 are covered by:
- a ☐ an individual technology plan for using the services requested in this application; and/or
  - b ☐ higher-level technology plan(s) for using the services requested in this application; or
  - c ☐ no technology plan needed; applying for basic local and long distance telephone service only
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a ☐ technology plan(s) has/have been approved.
  - b ☒ technology plan(s) will be approved by a state or other authorized body.
  - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application and will retain for five years any and all worksheets and other records that I rely upon to fill out this application.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature	35 Date
36 Printed name of authorized person	<b>Shari L. Dwyer</b>
37 Title or position of authorized person	<b>Director of Telecommunication Consulting Service</b>
38 Telephone number of authorized person: <b>(315 )426 - 8445</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act,	
47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.	
The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.	

**NOTICE TO INDIVIDUALS:** Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order Service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471  
P.O. Box 7026  
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 471  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence Kansas 66046  
(888) 203-8100**



Universal Service Administrative Company  
Schools & Libraries Division

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Fund Year 5 FORM 471-REJECTION LETTER

February 26, 2002

**SHARI L. DWYER**  
**WATERFORD TOWNSHIP SCHOOL DISTRICT**  
**217 MONTGOMERY STREET, 6TH FLOOR**  
**SYRACUSE, NY 13202**

**RECEIVED**

**FEB 28 2002**

THE THOMAS GROUP  
Syracuse

Project No. \_\_\_\_\_ File No. \_\_\_\_\_

Re: Applicant's Form Identifier: **PY5WATERFORD-22**  
Form 471 Application Number: **328819**

Dear **SHARI L. DWYER:**

This letter is your notification that the entire FCC Form 471, Services Ordered and Certification Form, you submitted did not meet Minimum Processing Standards and cannot be processed. *Your Form 471 is enclosed with this letter, which means that the Schools and Libraries Division (SLD) could not process any portion of it.* Here is an *explanation* of the specific *reason(s)* your Form 471 did not meet the Minimum Processing Standards:

- The FCC Form 471 submitted did not include all pages, Blocks 1-6.

**TO APPEAL A DECISION OF THE SCHOOLS AND LIBRARIES DIVISION:**

If you wish to appeal a decision of the Schools and Libraries Division (SLD), you may do so by writing a letter of appeal to the SLD or by writing a letter of appeal to the Federal Communications Commission (FCC). The SLD or FCC must receive your appeal within 60 days of the date of the SLD decision you are appealing. This means that your appeal must be RECEIVED by the SLD or FCC no later than 60 days after the date of the SLD decision. Failure to meet this requirement will result in automatic dismissal of your appeal.

While you may write directly to the FCC without first presenting your appeal to the SLD, you are encouraged to write first to the SLD so that the SLD has an opportunity to review your appeal and grant it, if appropriate. If you disagree with the SLD's response to your appeal, you may then file an appeal with the FCC. However, the FCC overturns SLD decisions infrequently.

If your appeal was due on or before September 10, 2001, see the SLD web site  
<[www.sl.universalservice.org](http://www.sl.universalservice.org)> for more information on appeal deadlines and procedures for filing appeals

In your letter of appeal:

1. Provide your contact information. Please list the name, address, telephone number, fax number, and e-mail address (if available) for the person who can most readily discuss this appeal.
2. Identify which **SLD** decision **you** are appealing. Cite the "letter type," usually included and featured on the first page of the letter; the relevant Funding Year; and the date of the letter. *You* must include

the applicant name; the Application Number, if applicable; and your Entity Number. State outright that your letter is an “appeal.”

3. Identify the particular Funding Request Number, whenever applicable, that is the subject **of** your appeal. If your application was wholly rejected on grounds related to the entire application (e.g., that you represent ineligible entities), you need not refer to any Funding Request Numbers in your letter of appeal.
4. Explain your appeal. When explaining your appeal, include the precise language or text from the SLD decision that is at the heart of your appeal. By pointing to the exact words that give rise to your appeal, the reviewer will be able to more readily understand and respond appropriately to your appeal. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep copies of your correspondence and documentation.
5. Provide an authorized signature on your letter of appeal.

If you are submitting your appeal to the SLD, please send it to: Letter of Appeal. Schools and Libraries Division, Box 125 – Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. Other options for filing an appeal with the SLD can be found in the “Appeals Procedure” posted in the Reference Area of the SLD web site <[www.sl.universalservice.org](http://www.sl.universalservice.org)>.

If you are submitting your appeal to the FCC via United States Postal Services, send it to: Federal Communications Commission, Office of the Secretary, 445 12<sup>th</sup> Street SW, Washington, DC 20554. If you are submitting your appeal to the FCC by other than United States Postal Services, check the SLD web site for more information. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal.

Further information and other options for filing an appeal directly with the FCC can be found in the “Appeals Procedure” posted in the Reference Area of the SLD web site <[www.sl.universalservice.org](http://www.sl.universalservice.org)> or by contacting the SLD Client Service Bureau at 1-888-203-8100.

Schools and Libraries Division  
Universal Service Administrative Company

Enclosure:

**(1) Form 471**



# Schools and Services Order

Estimated Amount

471 01-16-02 5000293



NEC47101-16-0205000293

This form asks schools and libraries to list the eligible services and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (See [www.sl.universalservice.org](http://www.sl.universalservice.org) for filing this form online)

Applicant's Form Identifier: **PY5Waterford-22**  
 (State your own code to identify THIS Form 471)

Form 471 Application #: **328819**  
 (To be inserted by Fund Administrator)

## Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the Services listed on this form.)

Funding Year: <b>July 1, 2002 through June 30, 2003</b>	3	Entity Number (up to 10 digits)	<b>123302</b>
Street Address, P.O. Box, or Route Number	<b>1106 Old White Horse Pike</b>		
City	<b>Waterford</b>	State	<b>NJ</b>
		Zip Code	<b>08089</b>



entities.

<input type="checkbox"/> Street Address, P.O. Box, or Route Number	<b>217 Montgomery Street, 6th Floor</b>		
City	<b>Syracuse</b>	State	<b>NY</b>
		Zip Code	<b>13202</b>



## Block 2: Minor Modification to Existing Contract?

- 7 ☐ Check ONLY if this Form 471 represents a minor modification, such as a modification of services, to a contract included in a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below. attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471 Application #:

Funding Request Number:

Minor modification requests can be filed MANUALLY only. Please see [www.sl.universalservice.org](http://www.sl.universalservice.org) for filing instructions.

Entity Number 123302 Applicant's Form Identifier PY5Waterford-22  
 Contact Person Shari L. Dwyer Phone Number 315-426-8445

### Block 3: Impact of Services Ordered in THIS Application

**8** Please provide your best estimate of the number of people who **will** be served by **all** of the services ordered in THIS Form **471**. **Schools/school districts** complete 8a. **Libraries** complete 8b. **Consortia** complete **8a** and/or **8b**.

**a** Number of students to be served  **b** Number of library patrons to be served

IF THIS APPLICATION INCLUDES...		BEFORE ORDER	AFTER ORDER
<b>a</b>	(Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?		
<b>b</b>	High-bandwidth voice/data/video service: How many buildings served before and after your order?	3	3
<b>c</b>	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?		
<b>d</b>	Dial-up Internet connections: How many before and after your order?	5	5
<b>e</b>	Dial-up Internet connections: Highest speed before and after your order?	56K	56K
<b>f</b>	Direct connections to the Internet: How many before and after your order?	3	3
<b>g</b>	Direct connections to the Internet: Highest speed before and after your order?	500K	500K
<b>h</b>	Internet access (for schools): How many rooms have Internet access before and after your order?	62	62
<b>i</b>	Internet access (for libraries): How many buildings have Internet access before and after your order?		
<b>j</b>	Internet access: How many computers (or other devices) with Internet access before and after your order?	108	108
<b>k</b>	Other technology outcomes (please specify)		

### Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of applicant you are, the number of sites you represent, and how services will be provided to those sites. Each worksheet has instructions.

- ☒ if you are an individual school or a school district, use Worksheet A (page 3a)
- ☐ If you are a library (system and/or outlet), use Worksheet B (page 3b)
- ☐ If you are a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation

## Block 5: Discount Funding Request(s)

Block 5, page 1 of 5

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>MTM</b>					
					<b>16 Billing Account Number</b> (e.g., billed telephone number) <b>856-767-4423</b>					
<b>12 Form 470 Application Number</b> (15 digits) <b>587470000380085</b>					<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <b>12/12/2001</b>					
<b>13 SPIN - Service Provider</b> Identification Number (9 digits) <b>143001362</b>					<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>NIA</b>					
					<b>19a Service Start Date</b> (mm/dd/yyyy) <b>07/01/2002</b>					
					<b>19b Service End Date</b> (mm/dd/yyyy) (use only "T" or "MTM" services) <b>613012003</b>					
<b>14 Service Provider Name</b> <b>Verizon - NJ</b>					<b>20 Contract Expiration Date</b> (mm/dd/yyyy) <b>NIA</b>					
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <b>Ver 1a-2a</b>										
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others). list the Entity Number of the entity from Block 4 receiving this service : b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-I): <b>A-0122</b>										
<b>23 Calculations</b>										
<b>Recurring Charges</b>					<b>One-Time Charges</b>			<b>Total Charges</b>		
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment! Request (J x I)
\$ <b>79.77</b>	\$ <b>0.00</b>	\$ <b>79.77</b>	<b>12</b>	\$ <b>957.24</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>957.24</b>	<b>40%</b>	\$ <b>382.90</b>

## Block 5: Discount Funding Request(s)

Block 5, page 2 of 5

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <b>MTM</b>
		<b>16 Billing Account Number</b> (e.g., billed telephone number) <b>21461</b>
<b>12 Form 470 Application Number</b> (15 digits) <b>587470000380085</b>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <b>12/12/2001</b>	
<b>13 SPIN - Service Provider</b> <b>Identification Number</b> (9 digits) <b>143016763</b>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <b>N/A</b>	
	<b>19a Service Start Date</b> (mm/dd/yyyy) <b>07/01/2002</b>	
	<b>19b Service End Date</b> (mm/dd/yyyy) (use only "T" or "MTM" services) <b>6/30/2003</b>	
<b>14 Service Provider Name</b> <b>Nextlink (XO Communications)</b>		<b>20 Contract Expiration Date</b> (mm/dd/yyyy) <b>N/A</b>

<b>21 Description of This Service:</b>	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <b>Xo1b-4b</b>
<b>22 Entity/Entities Receiving This Service:</b>	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-I): <b>A-0122</b>

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program	Annual pre-discount amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment Request (J x I)
\$2,232.28	\$0.00	\$2,232.28	12	\$ 26,787.36	\$0.00	\$0.00	\$0.00	\$ 26,787.36	40%	\$ 10,714.94

Entity Number 123302 Applicant's Form Identifier PY5Waterford-22  
 Contact Person Shari L. Dwyer Phone Number 315-426-8445

## Block 5: Discount Funding Request(s)

Block 5, page 3 of 5

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  
 Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections		15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	MTM
		16 Billing Account Number (e.g., billed telephone number)	2642
12 Form 470 Application Number (15 digits)	587470000380085	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)	12/12/2001
13 SPIN -Service Provider Identification Number (9 digits)	143005732	18 Contract Award Date (mm/dd/yyyy)	N/A
		19a Service Start Date (mm/dd/yyyy)	07/01/2002
14 Service Provider Name	Comcast Garden State Cable	20 Contract Expiration Date (mm/dd/yyyy)	N/A

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service :

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-I): **A-0122**

23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual prediscount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year prediscount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment! Request (J x I)
\$ 550.00	\$0.00	\$550.00	12	\$ 6,600.00	\$0.00	\$0.00	\$0.00	\$ 6,600.00	40%	\$ 2,640.00

## Block 5: Discount Funding Request(s)

Block 5, page 4 of 5

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

RN # (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) @ Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections				<b>15 Contract Number</b> (if available; use "T" if tariffed services. "MTM" if month-to-month services as described in Instructions)				<b>MTM</b>		
				<b>16 Billing Account Number</b> (e.g., billed telephone number)				<b>270-B87461</b>		
<b>12 Form 470 Application Number</b> (15 digits) <b>587470000380085</b>				<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing)				<b>1211212001</b>		
<b>13 SPIN - Service Provider</b> Identification Number (9 digits) <b>143003033</b>				<b>18 Contract Award Date</b> (mm/dd/yyyy)				<b>N/A</b>		
				<b>19a Service Start Date</b> (mm/dd/yyyy)				<b>07/01/2002</b>		
				<b>19b Service End Date</b> (mm/dd/yyyy) (use only "T" or "MTM" services)				<b>613012003</b>		
<b>14 Service Provider Name</b> <b>Metrocall, Inc.</b>				<b>20 Contract Expiration Date</b> (mm/dd/yyyy)				<b>NIA</b>		
<b>22</b>										
Entity/Entities Receiving This Service:				a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <b>A-0122</b>						
<b>23 Calculations</b>										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$ 26.26	\$0.00	\$26.26	12	\$ 315.12	\$0.00	\$0.00	\$0.00	\$ 315.12	40%	\$ 126.05

## Block 5: Discount Funding Request(s)

Block 5, page 5 of 5

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

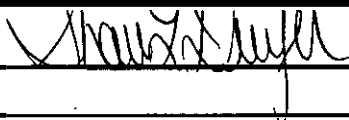
FRN # (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <span style="float: right;"><b>MTM</b></span> <b>16 Billing Account Number</b> (e.g., billed telephone number) <span style="float: right;"><b>0013190300-7</b></span>									
<b>12 Form 470 Application Number</b> <sup>(15 digits)</sup> <b>587470000380085</b>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <span style="float: right;"><b>12/12/2001</b></span>									
<b>13 SPIN -Service Provider</b> Identification Number (9 digits) <b>143000890</b>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <span style="float: right;"><b>N/A</b></span> <b>19a Service Start Date</b> (mm/dd/yyyy) <span style="float: right;"><b>07/01/2002</b></span> <b>19b Service End Date</b> (mm/dd/yyyy) (use only "T" or "MTM" services) <span style="float: right;"><b>6/30/2003</b></span>									
<b>14 Service Provider Name:</b> <b>Nextel</b>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy) <span style="float: right;"><b>N/A</b></span>									
<b>21 Description of This Service:</b> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #. and note number in space provided below. Attachment # Next 1e-1e										
<b>22 Entity/Entities Receiving This Service:</b> a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <b>A-0122</b>										
<b>23 Calculations</b>										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly prediscount amount (A minus B)	# of months service provided in program year	Annual prediscount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
<b>\$ 69.98</b>	<b>\$0.00</b>	<b>\$69.98</b>	<b>12</b>	<b>\$ 839.76</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$ 839.76</b>	<b>40%</b>	<b>\$ 335.90</b>

## Block 6: Certifications and Signature

- 24 The entities listed in Block 4 of this application are eligible for support because they are:: (Check one or both.)
- a ☐ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
  - b ☐ libraries or library consortia eligible for assistance from a state library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the individual schools, libraries, and library consortia listed in Block 4 are covered by:
- a ☒ an individual technology plan for using the services requested in this application; and/or
  - b ☐ higher-level technology plan(s) for using the services requested in this application: or
  - c ☐ no technology plan needed; applying for basic local and long distance telephone service only
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a ☐ technology plan(s) has/have been approved.
  - b ☒ technology plan(s) will be approved by a state or other authorized body.
  - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application and will retain for five years any and all worksheets and other records that I rely upon to fill out this application.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all Statements of fact contained herein are true.

34 Signature



35 Date

11/10/2002

37 Title or position of authorized person

Director of Telecommunication Consulting Service

38 Telephone number of authorized person. (315) 426 - 8445

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act,

47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.



Entity Number <b>123302</b>	Applicant's Form Identifier <b>PY5Waterford-22</b>
Contact Person <b>Shari L. Dwyer</b>	Phone Number <b>315-426-8445</b>

**NOTICE TO INDIVIDUALS:** Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471  
P.O. Box 7026  
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 471  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence Kansas 66046  
(888) 203-8100**



Page 4 of 7  
856 767-4423-455 58Y

---

Verizon charges

May 7, 2001

---

This month's charges	Monthly charges May 7 to Jun 6 ..	\$13.77
	FCC Subscriber Line Charge .....	+6.20
	Local Number Portability Surcharge.	+.23
Federal	Universal Service Fund Surcharge ...	+.45
	Toll charges.. ....See Page 5 ....	+4.54

---

Message Units

Local usage 49 units used for 48 calls

---

Total Verizon charges

\$25.19

Billing inquiries call 1 888-892-5200. From outside NJ call  
1 888-892-5200.

To order service call 1 888-892-5200. From outside NJ call.  
1 888-892-5200.

For repair call 1-800-275-2355

79.77

Verlaof



Page 2 of 4  
856 767-9645-773 23Y

Summary of your account

May 7, 2001

WATERFORD TWP  
BOARD OF ED  
1106 OLD WHITE HORSE PK  
WATERFORD NJ 08089-1852

Charges from last month

Amount of your last bill..... \$158.18  
Amount you paid through May 9..... -.00  
Amount you still owe ...Due Immediately.....

Charges for this month

Our charges-See Page 3 ..... \$54.58  
Call 1 800-652-2646 if you have a question  
Total for this month.....Please pay by Jun 1 .....

Total amount due

A late payment charge of 1.5% applies to any  
balance carried forward to next month's bill.



Page 4 of 4  
856 767-9645-773 23Y

Additional credits and charges

May 7, 2001

Late payment charge at 1.5% on 158.18 balance  
from last bill .....

TAX KEY: US=\* NJ=@ BOTH=&

Total for additional credits and charges

Billing Inquiries call 1 800-652-2646 / Outside NJ call 1 201-761-5885.

Ver 2a of 2a

ACCOUNT NAME: WATERFORD TWP BOARD OF EDUCATION  
ACCOUNT NUMBER: 001000000021461

PAGE: 3 of 20  
USAGE THROUGH: 05/13/01

STATEMENT OF ACCOUNT: WATERFORD TWP BOARD OF EDUCATION

PRIOR BALANCE 1,415.33  
Payment on 04/30/01 (687.33)

BALANCE BEFORE NEW CHARGES: 728.00

PRODUCT CHARGES:	FR	DATE TO DATE	QUANTITY	EACH	AMOUNT
Basic Line Charge	04/14/01	05/13/01	24	14.50	348.00
Basic Line Charge	05/14/01	06/13/01	24	14.50	348.00
Total Product Charges					696.00

OTHER CHARGES:			
Service Call Fee NRC	1	50.00	50.00
Service Call Labor NRC	1	71.25	71.25
Total Other Charges			121.25

USAGE:	CALLS	MINUTES	AMOUNT
Local Area	2,578	5,501.9	126.44
Intra-State Long Distance	99	449.8	22.77
Inter-State Long Distance	90	302.1	15.35
Directory Assistance	4	4.2	2.20
Intralata	635	1,685.2	85.85
Total Usage Charges			252.61

CREDITS AND ADJUSTMENTS:			
Late Charge on Past Due Balance	1	10.92	10.92
Total Credits and Adjustments			10.92

FEDERAL SURCHARGES AND TAXES:	
Number Portability Charge	11.04
Long Distance Access Charge	132.00
Total Federal Surcharges and Taxes	143.04

TOTAL CURRENT CHARGES \$1,223.82

TOTAL AMOUNT DUE: \$1,951.82

2232.28

Xo lbof46<sup>TM</sup> X O

ACCOUNT NAME: WATERFORD TWP BOARD OF EDUCATION  
ACCOUNT NUMBER: 001000000021457

PAGE: 3 of 10  
USAGE THROUGH 05/13/01

STATEMENT OF ACCOUNT: WATERFORD TWP BOARD OF EDUCATION

PRIOR BALANCE 693.87  
Payment on 04/30/01 (422.38)

BALANCE BEFORE NEW CHARGES: 271.49

PRODUCT CHARGES:	FR DATE	TO DATE	QUANTITY	EACH	AMOUNT
Basic Line Charge	04/14/01	05/13/01	8	14.50	116.00
Basic Line Charge	05/14/01	06/13/01	8	14.50	116.00
Total Product Charges					232.00

USAGE :	CALLS	MINUTES	AMOUNT
Local Area	1.240	2,274.6	61.79
Intra-State Long Distance	11	25.3	1.30
Inter-State Long Distance	33	67.8	3.48
Intralata	315	629.2	32.23
Total Usage Charges			98.80

CREDITS AND ADJUSTMENTS:

Late Charge on Past Due Balance	1	4.07	4.07
Total Credits and Adjustments			4.07

FEDERAL SURCHARGES AND TAXES:

Number Portability Charge	3.68
Long Distance Access Charge	44.00
Total Federal Surcharges and Taxes	47.68

TOTAL CURRENT CHARGES \$382.55

TOTAL AMOUNT DUE: \$654.04

X02bof4b X0™

ACCOUNT NAME: WATERFORD TWP BOARD OF EDUCATION  
ACCOUNT MJMEER: 001000000021466

PAGE: 3 of E  
USAGE THROUGH: 05/13/01

STATEMENT OF ACCOUNT: WATERFORD TWP BOARD OF EDUCATION

PRIOR BALANCE					262.29
Payment on	04/30/01				(124.10)
BALANCE BEFORE NEW CHARGES:					138.19
PRODUCT CHARGES:	FR DATE	TO DATE	QUANTITY	EACH	AMOUNT
Basic Line Charge	04/14/01	05/13/01	5	14.50	72.50
Basic Line Charge	05/14/01	06/13/01	5	14.50	72.50
Total Product Charges					145.00
USAGE :					
Local Area	544	1,169.2			26.03
Intra-State Long Distance	6	7.8			0.41
Inter-State Long Distance	28	58.8			2.99
Intralata	215	204.0			10.89
Total Usage Charges					40.35
CREDITS AND ADJUSTMENTS:					
Late Charge on Past Due Balance	1	2.07			2.07
Total Credits and Adjustments					2.07
FEDERAL SURCHARGES AND TAXES:					
Number Portability Charge					2.30
Long Distance Access Charge					27.50
Total Federal Surcharges and Taxes					29.80
TOTAL CURRENT CHARGES					<u>\$217.15</u>
TOTAL AMOUNT DUE:					\$355.34

X03b0f4b X0™

ACCOUNT NAME: WATERFORD TWP BOARD OF EDUCATION (ATCO SCHOOL)  
ACCOUNT NUMBER: 001000000021833

PAGE: 3 of 12  
USAGE THROUGH: 05/13/01

STATEMENT OF ACCOUNT: WATERFORD TWP BOARD OF EDUCATION (ATCO SCHOOL)

PRIOR BALANCE 563.4  
Payment on 04/30/01 (253.3)

BALANCE BEFORE NEW CHARGES: 310.0

PRODUCT CHARGES:	FR	DATE TO DATE	QUANTITY	EACH	AMOUNT
Basic Line Charge	04/14/01	05/13/01	7	14.50	101.50
Basic Line Charge	05/14/01	06/13/01	7	14.50	101.50
Total Product Charges					203.0

USAGE :	CALLS	MINUTES	AMOUNT
Local Area	1,541	3,126.2	75.31
Intra-State Long Distance	25	55.9	2.84
Inter-State Long Distance	66	216.1	10.98
Directory Assistance	1	0.9	0.75
Intralata	403	916.9	46.60
Total Usage Charges			136.4:

CREDITS AND ADJUSTMENTS:			
Late Charge on Past Due Balance	1	4.65	4.65
Total Credits and Adjustments			4.61

FEDERAL SURCHARGES AND TAXES:	
Number Portability Charge	3.22
Long Distance Access Charge	38.50
Total Federal Surcharges and Taxes	41.7:

STATE AND LOCAL SURCHARGES AND TAXES:	
Sales Tax	22.87

Total State and Local Surcharges and Taxes 22.87

TOTAL CURRENT CHARGES \$408.72

TOTAL AMOUNT DUE: \$718.78

+0™

Xo4bof4bXO™



Comcast Cable Communications, Inc.  
1250 Haddonfield-Berlin Road  
Cherry Hill, NJ 08034  
856.354.1880 Tel  
856.354.1459 Fax

INVOICE # 2642  
INVOICE DATE 7/18/00

SOLD TO:

Waterford Twp. BOE  
1106 Old White Horse Pike  
Waterford, NJ 08089  
Attn: Barb Ogle

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Annual Carnnet Fee for: Thomas Richard School 343335		\$ <del>1,800.00</del> <u>- 660.00</u>
	<i>Credit 660.00</i>		
	Total Amount Due		\$ <del>1,800.00</del> <u>1,140.00</u>

Com/cof3C





Comcast Cable Communications, Inc.  
1250 Haddonfield-Berlin Road  
P.O. Box 5025  
Cherry Hill, NJ 08034  
856.354.1880 Tel  
856.354.1459 Fax

INVOICE # 2644

INVOICE DATE 7/18/00

**SOLD TO:**

Waterford Twp. BOE  
1106 Old White Horse Pike  
Waterford , NJ 08089  
Attn: Barb Ogle

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Annual Camnet Fee for: Waco Elementary 343334		\$ 1,800.00 - 660.00
	<i>Credit 660.00</i>		
	Total Amount Due		\$ <i>1140.00</i> <del>1,800.00</del>

*Com2cof3c*



Comcast Cable Communications, Inc.  
1250 Haddonfield-Berlin Road  
Cherry Hill, NJ 08034  
856.354.1880 Tel  
856.354.1459 Fax

INVOICE # 2643

INVOICE DATE 7/18/00

QUANTITY(	DESCRIPTION	PRICE	AMOUNT
	Annual Camnet Fee for: Waterford Elementary School 338024		\$ 3,000.00 - 1,095.16
	<i>Credit 1,095.16</i>		
	Total Amount Due		<i>1,904.84</i> <u>\$ 3,000.00</u>

*Com 3cd 3c*

FOR BILLING  
INQUIRIES CALL: (800) 820-1416

INVOICE#: 23919556

Invoice date : 06/01/01

YOUR OFFICE IS: Metrocall  
523 Fellowship Rd  
Suite 290  
Mt. Laurel, NJ 0

ACCOUNT NO.: 270-887461

CONTACT: EARL VASALLO

P.O. NUMBER:

WATERFORD TOWNSHIP BOARD OF ED  
DISTRICT OFFICES  
1106 OLD WHITE HORSE PIKE  
WATERFORD, NJ 08089

DATE	DESCRIPTION	PAGER NUMBER	AMOUNT
	P0#: 38737		
JUNE/01	Numeric rental	(800) 412-3925	10.
JUNE/01	Loss protection	<i>Ast. Super</i>	2.
JUNE/01	Federal Universal Service		0.
JUNE/01	Numeric rental	(800) 412-6282	10.
JUNE/01	Loss protection	<i>Super.</i>	2.
JUNE/01	Federal Universal Service		0.
JUNE/01	Numeric rental	(800) 412-8010	10.
JUNE/01	Loss protection		2.
JUNE/01	Federal Universal Service		0.
JUNE/01	Numeric rental	(800) 412-8441	10.
JUNE/01	Loss protection		2.
JUNE/01	Federal Universal Service		0.
JUNE/01	Numeric rental	(800) 412-8442	10.
JUNE/01	Loss protection		2.
JUNE/01	Federal Universal Service		0.
JUNE/01	Numeric rental	(800) 412-8443	10.
JUNE/01	Loss protection		2.
JUNE/01	Federal Universal Service		0.
JUNE/01	Numeric rental	(800) 412-8444	10.
JUNE/01	Loss protection		2.
JUNE/01	Federal Universal Service		0.
	TOTAL 38737		91.91
	TOTAL CURRENT CHARGES		96.9
	PLEASE PAY THIS AMOUNT		96.9

26.26

met 1d of 1d



Account name  
Account number  
Statement date  
Billing period

Waterford Twp Schools  
0013031052-7  
December 18, 2001  
November 18 - December 17, 2001

Page 2

## Your Nextel Account Summary

User Name/ Mobile Number	Access and Other Charges	Telecommunications Services	Voice Mail	Text and Numeric Paging	Nextel Online	Total Access and Usage	Call Time
TR 609-929-4004	\$34.99	53.00	\$0.00	\$0.00		\$34.99	3:50
ATCO 609-929-4005	\$34.99	\$0.00	\$0.00	\$0.00		\$34.99	60:28
BUS 7 609-929-4003	\$34.99	\$0.00	\$0.00	\$0.00		\$34.99	312:58
BUS 6 609-929-4010	\$34.99	\$0.00	\$0.00	\$0.00		\$34.99	1:52
WES 609-929-4012	\$34.99	\$0.00	\$0.00	\$0.00		\$34.99	38:44
SUPT 609-929-4014	\$34.99	\$0.00	\$0.00	\$0.00		\$34.99	9:32
ASST SUP1 609-929-4016	\$34.99	\$1.19	\$0.00	\$0.00		\$36.18	56:24
Individual wireless charges	\$244.93	\$1.19	\$0.00	\$0.00		\$246.12	
Nextel Direct Connection charges and minutes <sup>1</sup>						\$0.00	483:48
Total Wireless Services						\$246.12	
				Misc. additional charges		\$0.00	
				Taxes, fees and assessments		\$3.16	
				Adjustments		-\$32.73	
				Equipment		\$0.00	
				Total New Charges		\$216.55	

<sup>1</sup> See Nextel Direct Connection on Page 19

Number of units in your account: 7

Nextel 2

# SCHOOL NUTRITION PROGRAM

RECEIVED

## Reimbursement Voucher

FY 2001

NOV 26 2001

THE THOMAS  
Syracuse

New Jersey Department of Agriculture

Bureau of Child Nutrition

P.O. Box 334, Trenton, NJ 08625-0334

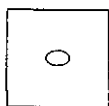
Name and Address of Sponsor  
WATERFORD TWP BD OF ED  
825 OLD WHITE HORSE PIKE  
WATERFORD NJ 08089

### MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the response completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.
- Bubbles must agree with numbers written in boxes.

CORRECT: ● INCORRECT: ○ × ● ○

1. Fill In If  
Resubmission  
of a Voucher



2. Agreement  
Number

0 0 7 0 5 5 6 0

0	0	7	0	5	5	6	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

3. Month  
Claimed

- ☐ Jan
- ☐ Feb
- ☐ Mar
- ☐ Apr
- ☒ May
- ☐ June
- ☐ July
- ☐ Aug
- ☐ Sept
- ☐ Oct
- ☐ Nov
- ☐ Dec

4. Calendar  
Year

- ☐ 1999
- ☒ 2000
- ☐ 2001
- ☐ 2002
- ☐ 2003
- ☐ 2004
- ☐ 2005
- ☐ 2006
- ☐ 2007
- ☐ 2008
- ☐ 2009
- ☐ 2010

5. # Meal  
Service Days

22

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

6. # Schools  
Approved

43

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Number of Students Currently / and for

7. Free  
Meals

00087

0	0	0	8	7
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

8. Reduced  
Meals

00047

0	0	0	4	7
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

9. Free  
Milk

00002

0	0	0	0	2
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

10. Total #  
½ Pints Milk  
Purchased

011050

0	1	1	0	5	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

11. Total Cost of  
Milk Purchased  
(Report Whole  
Dollar-No Cents)

001976

0	0	1	9	7	6
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

12. Number of Half Pints of Carry  
Over Milk from Prior Month

50

R P O R T M O N T H

Average Daily Attendance

Report Enrollment with access to each program below:

13. ADA  
Lunch

00837

0	0	8	3	7
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

14. ADA  
Breakfast

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

15. School  
Lunch

00909

0	0	9	0	9
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

16. Regular  
School  
Breakfast

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

17. Severe  
Need  
Breakfast

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

18. After  
School  
Snack

00000

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

19. Area  
Eligible  
Snack

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

# ThomasCommunications & Technologies

January 9, 2002

Schools and Libraries Division  
Box 125 - Correspondence Unit  
80 South Jefferson Road  
Whippany, NJ 07981

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Fax (315) 426 - 8348  
sld@thomasamerica.com  
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Re: Waterford Township Board of Education

To Whom It May Concern:

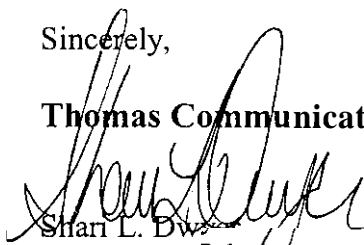
Thomas Communications & Technologies, LLC (TC&T) is an E-rate consulting firm with clients throughout the Northeast. I, Shari L. Dwyer, am the Director of this service and will be listed as the contact person on the application for Waterford Township Board of Education. However because of the high demands of this program many people are involved in the TC&T E-rate process.

I permit Michelle Chemotti and Gillian Shumway to work with the Schools and Libraries Division to coordinate and answer questions on my behalf. They have the power to authorize changes during all problem resolution, program integrity assurance and the BEAR process.

Thank you for your cooperation.

Sincerely,

**Thomas Communications & Technologies, LLC**



Shari L. Dwyer  
Director of Telecommunication Consulting Services

Gms

Enclosures